

Jan. 23, 1992

Projects completed in CDC.

1. Assuraed Ins. to cover flex-sigs for Dennis
2. Learned flex-sig performance.
3. Prepared sample letter to MD's of Minnesota.
4. Worked out details of moving to Mayo 5th floor of both the office and the examining area.
5. Tentatively set date of move.
6. Revised pattern of reports to LMD's . This is continuing.
7. Worked out harmony with CCCS.
8. Computerized billing and financial recording.
9. Got MacIntosh processor and printer and put into production on reports to LMD's.
10. Established a tenuous tie to VAMC re spouses.
11. Joined Bill Sullivan in search of more clientele; success with Scherer Lumber Co. in now signing up not only all employees but all spouses and beginning of full coverage thru the company.
12. Reviewed 50 charts of CCCS patients and found lapses in communication with LMD's in over half.
13. Joined Najarian, Sullivan, & Knatterud re brochure.

To Be Done:

1. Set up study on consistency of bleeding from polyps and small cancers of large gut.
2. Office manual still in works.
3. Meet Dr. Bond re reporting to LMD's on all patients in CCCS.
4. Work out with Jill and Co. the gathering of data on cancers found and references of pts on same.
5. Work out pattern to learn what the clinical services have earned through cancers found in CDC.
6. Toward this end, work out pattern of recording in computer record of each patient items of neoplastic import included in summary of each patient visit, with pattern for following up each. Only thus can we find how many true cancers have been found.

Jan. 23, 1992 - Addenda to done and to do.

Done

14. Recruited two former deans and one surgeon about to retire to work in CDC and/or Executive Health Program.

Addendum to do

1. Join Bill Sullivan in much more active recruiting.

2. Work out a pattern by which we can have the guaiacs available at the time each patient arrives for his annual visit. This is essential to good medicine and to good coordination of efforts. It also would provide a means to promote the study on frequency of bleeding from polyps and small cancers of the gut.

1. Work out details of getting guaiacs done before pt's appt Get consult from Mary Bradley.

2. See Bill Thompson after Jan <sup>27</sup>~~27~~ about ltr to Essmay.

3. Should we have Dr. Prem also sign reports in which he does some of the work?

4. Organize library search on efforts to establish frequency of bleeding from polyps.

5. In a conversation with Arnold Leonard today, he said his patient Lindgren is doing nicely. I told him about the findings of investigation of records after that pt., and he suggested I must not only deal with Bond on the problem but must also build up in our computer records a flagging mechanism to assure full follow-up on pts in whom suspicious lesions have been found, not only for our records but also to assure that the LMD's do not drop the initiative after we have found that suspicious lesion.

The question arises about the mechanism to be used to get input of suspicious findings to feed into the computer. The obvious mechanism should be that Dennis would flag them in relation to his review of all reports to LMD's.